

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF INDIANA

Case number (if known): _____ Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this is an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:** **About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Corinna

First Name

Lyn

Middle Name

Fearnow

Last Name

Suffix (Sr., Jr., II, III)

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 5 3 6 4

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

 I have not used any business names or EINs. I have not used any business names or EINs.

Business name

Business name

Business name

Business name

Business name

Business name

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

About Debtor 1:

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

EIN _____

EIN _____

5. Where you live**3405 Melody Lane West**

Number Street

Number Street

_____**Kokomo IN 46902**

City State ZIP Code

City State ZIP Code

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Debtor 1 **Corinna Lyn Fearnow**

Case number (if known) _____

8. How you will pay the fee

- I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No Yes.

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
 MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
 MM / DD / YYYY if known

11. Do you rent your residence? No. Go to line 12. Yes. Has your landlord obtained an eviction judgment against you?

- No. Go to line 12.
- Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Corinna Lyn Fearnow

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?**
- No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any _____

Number Street _____

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

- 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property? _____

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1 Corinna Lyn Fearnow

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

<p>15. Tell the court whether you have received a briefing about credit counseling.</p> <p>The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.</p> <p>If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.</p>	<p>About Debtor 1: <i>You must check one:</i></p> <p><input checked="" type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.</p> <p>If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.</p> <p>Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. <input type="checkbox"/> Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. <input type="checkbox"/> Active duty. I am currently on active military duty in a military combat zone. <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p>	<p>About Debtor 2 (Spouse Only in a Joint Case): <i>You must check one:</i></p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.</p> <p>If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.</p> <p>Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. <input type="checkbox"/> Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. <input type="checkbox"/> Active duty. I am currently on active military duty in a military combat zone. <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p>
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Debtor 1 Corinna Lyn Fearnow

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Corinna Lyn Fearnow

Corinna Lyn Fearnow, Debtor 1

Executed on 02/13/2018
 MM / DD / YYYY

X

Signature of Debtor 2

Executed on _____
 MM / DD / YYYY

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Amy D. Desai _____ Date **02/13/2018**
 Signature of Attorney for Debtor MM / DD / YYYY

Amy D. Desai
 Printed name

Law Office of Amy Desai
 Firm Name

1950 E Greyhound Pass, Ste. 18-134
 Number Street

Carmel _____ IN **46033-7730**
 City State ZIP Code

Contact phone _____ Email address **AmyDesai@AmyDesaiLaw.com**

30112 _____ CO
 Bar number State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Corinna</u> First Name	<u>Lyn</u> Middle Name	<u>Fearnow</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- No. Go to Part 2.
 Yes. Where is the property?

1.1.

3405 Melody Lane West

Street address, if available, or other description

Kokomo **IN** **46902**

City State ZIP Code

Howard
County

**Residence: 3405 Melody Ln W,
Kokomo, IN**

What is the property?

Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other

Who has an interest in the property?

Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$90,000.00 \$90,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

warranty deed

Check if this is community property
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$90,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

3.1.	Make: <u>Chrysler</u>	Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: <u>Pacifica</u>	Check one.			
Year: <u>2007</u>	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property?	<u>\$3,500.00</u>	
Approximate mileage: _____	<input type="checkbox"/> Debtor 2 only	Current value of the portion you own?	<u>\$3,500.00</u>	
Other information: 2007 Chrysler Pacifica	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... → **\$3,500.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe..... **See continuation page(s).** **\$900.00**

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe..... **Television, DVD Player, Stereo, etc.** **\$500.00**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe..... **See continuation page(s).** **\$200.00**

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe..... **Bicycle** **\$25.00**

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No
 Yes. Describe..... **Clothing** **\$500.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No
 Yes. Describe..... **Jewelry** **\$200.00**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**13. Non-farm animals***Examples:* Dogs, cats, birds, horses

- No
 Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

- No
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**\$2,325.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes..... Cash: **\$10.00**

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes..... Institution name:

17.1. Checking account:	Checking account at FME Federal Credit Union	\$316.00
17.2. Savings account:	Savings account at FME Federal Credit Union	\$0.00

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- No
 Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No
 Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No
 Yes. List each account separately. Type of account: Institution name:

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

401(k) or similar plan:	<u>401(k)</u>	\$70,000.00
Retirement account:	<u>Retirement account Pension plan</u>	\$644.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Give specific information	Federal: 2017 Tax Refund. Amt: \$2,177.00	Federal: <u>\$2,177.00</u>
about them, including whether you already filed the returns and the tax years.....	State: 2017 State tax refund. Amt: \$71.00	State: <u>\$71.00</u>
		Local: <u>\$0.00</u>

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

<input checked="" type="checkbox"/> No	Alimony:	
<input type="checkbox"/> Yes. Give specific information	Maintenance:	
	Support:	
	Divorce settlement:	
	Property settlement:	

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
 Yes. Give specific information _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No
 Yes. Name the insurance company of each policy and list its value..... Company name: _____ Beneficiary: _____ Surrender or refund value: _____

Term Life Insurance	\$0.00
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32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- No
 Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim..... _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim..... _____

35. Any financial assets you did not already list

- No
 Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$73,218.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- No
 Yes. Describe.. _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No
 Yes. Describe.. _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No
 Yes. Describe.. _____

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**41. Inventory**

- No
 Yes. Describe...

42. Interests in partnerships or joint ventures

- No
 Yes. Describe..... Name of entity: % of ownership:

43. Customer lists, mailing lists, or other compilations

- No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe.....

44. Any business-related property you did not already list

- No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →**\$0.00****Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- No
 Yes....

48. Crops--either growing or harvested

- No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- No
 Yes....

50. Farm and fishing supplies, chemicals, and feed

- No
 Yes....

51. Any farm- and commercial fishing-related property you did not already list

- No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →**\$0.00**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00**Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2..... → \$90,000.0056. Part 2: Total vehicles, line 5 \$3,500.0057. Part 3: Total personal and household items, line 15 \$2,325.0058. Part 4: Total financial assets, line 36 \$73,218.0059. Part 5: Total business-related property, line 45 \$0.0060. Part 6: Total farm- and fishing-related property, line 52 \$0.0061. Part 7: Total other property not listed, line 54 + \$0.0062. Total personal property. Add lines 56 through 61..... \$79,043.00 Copy personal property total → + \$79,043.0063. Total of all property on Schedule A/B. Add line 55 + line 62..... \$169,043.00

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

6. Household goods and furnishings (details):

Furniture (bedroom, couch, chairs, table, etc.) _____ \$0.00

Kitchen Appliances _____ \$800.00

Washer & Dryer _____ \$100.00

8. Collectibles of value (details):

Misc. Antiques _____ \$100.00

Books, DVD's/videos, music albums _____ \$100.00

Fill in this information to identify your case:

Debtor 1	<u>Corinna</u>	<u>Lyn</u>	<u>Fearnow</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: Residence: 3405 Melody Ln W, Kokomo, IN	\$90,000.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(1) (Claimed: \$0.00) 100% of fair market value, up to any applicable statutory limit
Line from <i>Schedule A/B</i> : <u>1.1</u>			
Brief description: 2007 Chrysler Pacifica	\$3,500.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) (Claimed: \$3,500.00) 100% of fair market value, up to any applicable statutory limit
Line from <i>Schedule A/B</i> : <u>3.1</u>			
Brief description: Furniture (bedroom, couch, chairs, table, etc.)	\$0.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) (Claimed: \$0.00) 100% of fair market value, up to any applicable statutory limit
Line from <i>Schedule A/B</i> : <u>6</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Kitchen Appliances	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: <u>6</u>			
Brief description: Washer & Dryer	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: <u>6</u>			
Brief description: Television, DVD Player, Stereo, etc.	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: <u>7</u>			
Brief description: Misc. Antiques	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: <u>8</u>			
Brief description: Books, DVD's/videos, music albums	<u>\$100.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) (Claimed: \$100.00 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>8</u>			
Brief description: Bicycle	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: <u>9</u>			
Brief description: Clothing	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: <u>11</u>			
Brief description: Jewelry	<u>\$200.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) (Claimed: \$200.00 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>12</u>			
Brief description: cash	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$7.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 24-4.5-5-105 (2) (Claimed: \$7.50 75%)
Line from Schedule A/B: <u>16</u>			

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	<i>Check only one box for each exemption</i>	
Brief description: Checking account at FME Federal Credit Union	<u>\$316.00</u>	<input checked="" type="checkbox"/> \$237.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 24-4.5-5-105 (2) (Claimed: \$237.00 Greater of 75% of disposable earnings or 30 x federal minimum wage)
Line from Schedule A/B: <u>17.1</u>			
Brief description: Savings account at FME Federal Credit Union	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 24-4.5-5-105 (2) (Claimed: \$0.00 Greater of 75% of disposable earnings or 30 x federal minimum wage)
Line from Schedule A/B: <u>17.2</u>			
Brief description: 401(k)	<u>\$70,000.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C) (Claimed: \$70,000.00 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>21</u>			
Brief description: Retirement account Pension plan	<u>\$644.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C) (Claimed: \$644.00 100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B: <u>21</u>			
Brief description: 2017 Tax Refund	<u>\$2,177.00</u>	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: <u>28</u>			
Brief description: 2017 State tax refund	<u>\$71.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Line from Schedule A/B: <u>28</u>			

Fill in this information to identify your case:

Debtor 1	Corinna First Name	Lyn Middle Name	Fearnow Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known)			

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$93,733.00	\$0.00	\$93,733.00

2.1	Describe the property that secures the claim: Residence: 3405 Melody Ln W, Kokomo, IN	\$93,733.00	\$0.00	\$93,733.00
Seterus, Inc. Creditor's name Attn: Bankruptcy Number Street PO Box 1077				

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Conventional Real Estate Mortgage

Hartford City	CT State	06143 ZIP Code
Who owes the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim relates to a community debt		

Date debt was incurred 05/2005 Last 4 digits of account number 7 9 3 2

In Foreclosure

Add the dollar value of your entries in Column A on this page. Write that number here:

\$93,733.00

Debtor 1 Corinna Lyn Fearnow

Case number (if known) _____

Additional Page

Part 1:
After listing any entries on this page, number them sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
---	---	---

2.2	Describe the property that secures the claim:	<u>\$6,200.00</u>	<u>\$6,200.00</u>
-----	---	-------------------	-------------------

Seterus, Inc.
Creditor's name
Attn: Bankruptcy
Number Street
PO Box 1077

Residence: 3405 Melody Ln
W, Kokomo, IN

As of the date you file, the claim is: Check all that apply.

Hartford CT 06143
City State ZIP Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Contingent

Unliquidated

Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

Arrearage claim

Date debt was incurred Various Last 4 digits of account number 7 9 3 2

Add the dollar value of your entries in Column A on this page. Write that number here:

\$6,200.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$99,933.00

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1 Federal National Mortgage Association On which line in Part 1 did you enter the creditor? 2.2

Name **3900 Wisconsin Ave. NW**
 Number Street _____

Washington DC 20016
 City State ZIP Code

2 Federal National Mortgage Association On which line in Part 1 did you enter the creditor? 2.1

Name **3900 Wisconsin Ave. NW**
 Number Street _____

Washington DC 20016
 City State ZIP Code

3 Rose K. Kleindl On which line in Part 1 did you enter the creditor? 2.2

Name **Feiwell & Hannoy, P.C.**
 Number Street **8415 Allison Pointe Blvd., Ste. 400**

Indianapolis IN 46250
 City State ZIP Code

4 Rose K. Kleindl On which line in Part 1 did you enter the creditor? 2.1

Name **Feiwell & Hannoy, P.C.**
 Number Street **8415 Allison Pointe Blvd., Ste. 400**

Indianapolis IN 46250
 City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Corinna First Name	Lyn Middle Name	Fearnow Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority amount	Nonpriority amount
<u>\$2,310.00</u>	<u>\$2,310.00</u>	<u>\$0.00</u>

2.1

Law Office of Amy Desai

Priority Creditor's Name

1950 E Greyhound Pass, Ste. 18-134

Number Street

Last 4 digits of account number

When was the debt incurred? 02/08/2018

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Carmel **IN** **46033-7730**
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify
Attorney fees for this case

Debtor 1 Corinna Lyn Fearnow

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim**4.1****5 Star Landscaping**Nonpriority Creditor's Name
2779 E. 100 S.

Number Street

Last 4 digits of account number

When was the debt incurred? 2016-2017

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Kokomo IN 46902

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Misc. goods or services**\$880.00****4.2****Advanced Medical Imaging, LLC**Nonpriority Creditor's Name
2008 West Boulevard

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Kokomo IN 46902

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Medical Services**\$0.00**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$0.00

Cap1/dbarn
Nonpriority Creditor's Name
Capital One Retail Svrs/Attn: Bankruptcy
Number Street
PO Box 30258

Last 4 digits of account number 9 7 2 5

When was the debt incurred? 11/2011

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Current Account

4.4

\$526.00

Capital One
Nonpriority Creditor's Name
Attn: General Correspondence/Bankruptcy
Number Street
PO Box 30285

Last 4 digits of account number 1 8 4 9

When was the debt incurred? 08/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Current Account

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5

\$0.00

Capital One / Carson

Nonpriority Creditor's Name

Attn: General Correspondence/Bankruptcy

Number Street

PO Box 30285

Last 4 digits of account number 7 9 7 4

When was the debt incurred? 12/2005

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Paid

Account Closed

4.6

\$0.00

Catherines/WFNNB

Nonpriority Creditor's Name

WFNNB/Attn:Bankruptcy Dept

Number Street

PO Box 182125

Last 4 digits of account number 6 6 0 7

When was the debt incurred? 09/2003

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Columbus OH 43218

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Paid

Account Closed By Grantor

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Credit Card

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.7

\$0.00

Chase Mortgage

Nonpriority Creditor's Name

Attn: Case Research & Bankruptcy

Number Street

PO Box 24696

Last 4 digits of account number 9 1 7 0

When was the debt incurred? 05/05/2005

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Columbus OH 43224

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Transferred

Account Closed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Conventional Real Estate Mortgage**

4.8

\$0.00

Comenity Bank/Lane Bryant

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 182125

Last 4 digits of account number 3 5 3 3

When was the debt incurred? 12/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Columbus OH 43218

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Current Account

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Charge Account**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$0.00

Comenity Bank/Lane Bryant
Nonpriority Creditor's Name
Attn: Bankruptcy
Number Street
PO Box 182125

Last 4 digits of account number 6 4 7 4

When was the debt incurred? 10/24/2001

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Columbus OH 43218
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Transferred

Account Closed

PURCHASED BY ANOTHER LENDER

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Charge Account**

4.10

\$0.00

Comenity Bank/Victoria Secret
Nonpriority Creditor's Name
Attn: Bankruptcy
Number Street
PO Box 182125

Last 4 digits of account number 9 1 6 4

When was the debt incurred? 12/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Columbus OH 43218
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Current Account

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Charge Account**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.11

\$0.00

Credit Acceptance

Nonpriority Creditor's Name
25505 West 12 Mile Rd
 Number Street
Suite 3000

Last 4 digits of account number 9 1 6 8

When was the debt incurred? 12/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Southfield MI 48034

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Paid

Account Closed

4.12

\$0.00

Financ Bfcu

Nonpriority Creditor's Name
2828 S Lafountain St
 Number Street

Last 4 digits of account number 5 3 0 1

When was the debt incurred? 03/18/2004

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Kokomo IN 46904

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Current Account
Account Closed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Automobile

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.13

\$0.00

Fingerhut
Nonpriority Creditor's Name
Bankruptcy Dept
Number Street
6250 Ridgewood Rd

Last 4 digits of account number 4 8 8 6

When was the debt incurred? 11/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Saint Cloud MN 56303

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Current Account

4.14

\$0.00

Fme Federal Credit Uni
Nonpriority Creditor's Name
29624 Harper Ave
Number Street

Last 4 digits of account number 0 0 0 3

When was the debt incurred? 05/2004

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Saint Clair Shores MI 48082

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Paid

Account Closed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Automobile**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$0.00

Indiana Surgery Center Howard Nonpriority Creditor's Name Medshield Inc. Number Street 2424 E. 55th St., Ste. 100	Last 4 digits of account number _____
	When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply.
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Indianapolis IN 46220 City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

4.16

\$400.00

Kohls/Capital One Nonpriority Creditor's Name Kohls Credit Number Street PO Box 3043	Last 4 digits of account number <u>2 3 8 1</u>
	When was the debt incurred? <u>03/2012</u>
	As of the date you file, the claim is: Check all that apply.
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Milwaukee WI 53201 City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Charge Off for \$487 on 10/17
Account Closed By Grantor**

4.17

\$300.00

Med-1 Solutions Nonpriority Creditor's Name Richard Hustan, attorney Number Street 517 US Highway 31 N	Last 4 digits of account number _____
	When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply.
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Greenwood IN 46142-3932 City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

(\$1.00)

Personal Finance Co
Nonpriority Creditor's Name
PO Box 2731
Number Street

Last 4 digits of account number 3 6 0 1

When was the debt incurred? 12/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Kokomo IN 46904

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Refinanced

Account Closed

ACCOUNT TRANSFERRED

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Household Goods Secured**

4.19

\$0.00

Personal Finance Co
Nonpriority Creditor's Name
PO Box 2731
Number Street

Last 4 digits of account number 7 6 0 1

When was the debt incurred? 02/17/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Kokomo IN 46904

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Refinanced

Account Closed

ACCOUNT TRANSFERRED

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Household Goods Secured**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.20

(\$1.00)

Personal Finance Co
Nonpriority Creditor's Name
PO Box 2731
Number Street

Last 4 digits of account number 7 4 0 1

When was the debt incurred? 12/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Kokomo IN 46904
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Refinanced

Account Closed

ACCOUNT TRANSFERRED

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify

Household Goods Secured

4.21

\$2,390.00

Personal Finance/marin
Nonpriority Creditor's Name
8211 Town Center Dr
Number Street

Last 4 digits of account number 8 1 1 6

When was the debt incurred? 04/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Baltimore MD 21236
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Current Account

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify

Secured

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.22

\$0.00

Seterus, Inc.
Nonpriority Creditor's Name
Attn: Bankruptcy
Number Street
PO Box 1077

Last 4 digits of account number 7 9 3 2

When was the debt incurred? 05/2005

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Hartford CT 06143
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

In Foreclosure

4.23

(\$1.00)

Synchrony Bank/Home Shopping
Nonpriority Creditor's Name
Attn: Bankruptcy
Number Street
PO Box 965060

Last 4 digits of account number 3 6 4 5

When was the debt incurred? 08/2001

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Orlando FL 32896
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Transferred

Account Closed

PURCHASED BY ANOTHER LENDER

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Charge Account**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24

\$0.00

Synchrony Bank/QVC Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 965060	Last 4 digits of account number <u>0 0 3 7</u>
	When was the debt incurred? <u>04/2002</u>
As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Orlando FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Paid

Account Closed By Grantor

4.25

\$216.00

Synchrony Bank/Sams Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 965060	Last 4 digits of account number <u>2 1 5 3</u>
	When was the debt incurred? <u>12/2014</u>
As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Orlando FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Current Account

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.26

\$0.00

Synchrony Bank/TJX
Nonpriority Creditor's Name
Attn: Bankruptcy
Number Street
PO Box 965060

Last 4 digits of account number 4 3 0 2

When was the debt incurred? 07/09/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Orlando FL 32896
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Current Account

Account Closed By Grantor

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Charge Account**

4.27

\$0.00

Synchrony Bank/Walmart
Nonpriority Creditor's Name
Attn: Bankruptcy
Number Street
PO Box 965060

Last 4 digits of account number 6 3 4 0

When was the debt incurred? 11/28/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Orlando FL 32896
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Current Account

Account Closed By Grantor

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Charge Account**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<p>Derek F. Johnson Name PO Box 524 Number Street _____</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p>
Lebanon IN 46052 <small>City State ZIP Code</small>	
Peelle Law Office Name 105 N. Buckeye St. Number Street P.O. Box 1106 <small>City Street ZIP Code</small>	
Kokomo IN 46903-1106 <small>City State ZIP Code</small>	

Last 4 digits of account number — — — —

Last 4 digits of account number — — — —

Last 4 digits of account number — — — —

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$2,310.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$2,310.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$4,709.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$4,709.00</u>

Fill in this information to identify your case:

Debtor 1	Corinna First Name	Lyn Middle Name	Fearnow Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known)			

Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Corinna	Lyn	Fearnow
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known)			

Check if this is an amended filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	Corinna	Lyn	Fearnow
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA		
Case number (if known)			

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income****12/15**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	shipping & receiving clerk	
Employer's name	Federal-Mogul Corporation	
Employer's address	2845 West St. Rd. 28 Number Street	

Frankfort	IN	46041
City	State	Zip Code

How long employed there? **30 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$3,498.48	
3. Estimate and list monthly overtime pay.	3. + \$200.00	
4. Calculate gross income. Add line 2 + line 3.	4. \$3,698.48	

Debtor 1	Case number (if known)	
	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$3,698.48	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$837.98	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$139.92	
5d. Required repayments of retirement fund loans	5d. \$446.00	
5e. Insurance	5e. \$117.39	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$50.55	
5h. Other deductions. Specify: _____	5h. + \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$1,591.84	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,106.64	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: <u>2nd job - part-time cleaning</u>	8h. + \$265.61	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$265.61	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$2,372.25	+ _____ = \$2,372.25
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$2,372.25	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.	Debtor typically receives a small increase in pay in June of each year, anticipated \$0.25 per hour.	
<input checked="" type="checkbox"/> Yes. Explain:	Debtor anticipates fewer overtime opportunities in the next 12 months as compared to the last 6 months. Debtor's 401k loans will be paid off in 2 years.	

Fill in this information to identify your case:

Debtor 1	Corinna First Name	Lyn Middle Name	Fearnaw Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known) _____			

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

 MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4. \$589.17
If not included in line 4:	
4a. Real estate taxes	4a. _____
4b. Property, homeowner's, or renter's insurance	4b. _____
4c. Home maintenance, repair, and upkeep expenses	4c. \$50.00
4d. Homeowner's association or condominium dues	4d. _____

Debtor 1	<u>Corinna Lyn Fearnow</u>	Case number (if known)	_____
<u>Your expenses</u>			
5.	Additional mortgage payments for your residence , such as home equity loans		
6.	Utilities:		
6a.	Electricity, heat, natural gas	6.	_____
6b.	Water, sewer, garbage collection	6.	_____
6c.	Telephone, cell phone, Internet, satellite, and cable services	6.	_____
6d.	Other. Specify: <u>cell phone</u>	6.	_____
7.	Food and housekeeping supplies		
8.	Childcare and children's education costs		
9.	Clothing, laundry, and dry cleaning		
10.	Personal care products and services		
11.	Medical and dental expenses		
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		
13.	Entertainment, clubs, recreation, newspapers, magazines, and books		
14.	Charitable contributions and religious donations		
15.	Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	_____
15b.	Health insurance	15b.	_____
15c.	Vehicle insurance	15c.	_____
15d.	Other insurance. Specify: <u>See continuation sheet</u>	15d.	_____
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify: _____			
16.	16.	16.	_____
17.	Installment or lease payments:		
17a.	Car payments for Vehicle 1	17a.	_____
17b.	Car payments for Vehicle 2	17b.	_____
17c.	Other. Specify: _____	17c.	_____
17d.	Other. Specify: _____	17d.	_____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
18.	18.	18.	_____
19.	Other payments you make to support others who do not live with you.		
Specify: _____			
19.	19.	19.	_____
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a.	Mortgages on other property	20a.	_____
20b.	Real estate taxes	20b.	_____
20c.	Property, homeowner's, or renter's insurance	20c.	_____
20d.	Maintenance, repair, and upkeep expenses	20d.	_____
20e.	Homeowner's association or condominium dues	20e.	_____

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

21. Other. Specify: See continuation sheet 21. + \$40.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$2,251.44

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.

22b. _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$2,251.44

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$2,372.25

23b. Copy your monthly expenses from line 22c above.

23b. - \$2,251.44

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$120.81

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Debtor's vehicle is older and will likely require major repairs or possible replacement prior to the end of the Plan. Debtor has temporarily cut all expenses to make plan payments but will need to modestly increase some expenses for maintenance/repairs when her 401k loan pays off.

Debtor 1 Corinna Lyn Fearnow

Case number (if known) _____

15d. Other insurance (details):

AFLAC insurance	\$148.20
Total:	<u>\$148.20</u>

21. Other. Specify:

Gifts	\$20.00
misc	\$20.00
Total:	<u>\$40.00</u>

Fill in this information to identify your case:

Debtor 1	Corinna First Name	Lyn Middle Name	Fearnow Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$90,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$79,043.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$169,043.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a.	Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$99,933.00
3.	<i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$2,310.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$4,709.00
	Your total liabilities	\$106,952.00

Part 3: Summarize Your Income and Expenses

4.	<i>Schedule I: Your Income</i> (Official Form 106I)	
	Copy your combined monthly income from line 12 of Schedule I.....	\$2,372.25
5.	<i>Schedule J: Your Expenses</i> (Official Form 106J)	
	Copy your monthly expenses from line 22c of Schedule J.....	\$2,251.44

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$4,188.59

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case:

Debtor 1	<u>Corinna</u> First Name	<u>Lyn</u> Middle Name	<u>Fearnow</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Corinna Lyn Fearnow

Corinna Lyn Fearnow, Debtor 1

X _____

Signature of Debtor 2

Date 02/13/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Corinna	Lyn	Fearnow
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known)			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$4,088.88	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the last calendar year: (January 1 to December 31, <u>2017</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$48,261.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2016</u>)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$45,669.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- No
 Yes. List all payments to an insider.

Debtor 1 **Corinna Lyn Fearnow** **Case number (if known)**

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No
 Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
 Yes. Fill in the details.

Case title	Nature of the case
Indiana Surgery Center v. Corinna Fearnaw	Judgment - collections/civil

Case number **34D031708SC00201**

Court or agency	Status of the case	
Howard County Superior Court #3		
Court Name	<input type="checkbox"/> Pending	
Number Street	<input type="checkbox"/> On appeal	
		<input checked="" type="checkbox"/> Concluded
Kokomo	IN	46092
City	State	ZIP Code

Case title	Nature of the case
Federal National Mortgage Association v. Corinna Fearnow	Mortgage foreclosure action

Case number **34D04-1711-MF-008**

Court or agency	Status of the case
Howard Circuit/Superior Court	<input checked="" type="checkbox"/> Pending
Court Name	<input type="checkbox"/> On appeal
Number Street	<input type="checkbox"/> Concluded

Case title Advanced Medical Imaging, LLC
Nature of the case Collections/civil

Case number **34D-03-1712-SC-030**

City	State	ZIP Code
Court or agency		Status of the case
Howard Superior Court 3		<input checked="" type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Howard County Courthouse		<input type="checkbox"/> Concluded
Number	Street	
<hr/>		
Kokomo	IN	46901
City	State	ZIP Code

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

First Baptist Church
Charity's Name

Describe what you contributed
Cash - regular/routine tithe and
offering; approximate donations
totalling \$4,000 per year

Date you contributed	Value
various	\$8,000.00

Number Street _____

Kokomo IN 46902
City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No

Yes. Fill in the details.

Law Office of Amy Desai

Person Who Was Paid

1950 E Greyhound Pass, Ste. 18-134

Number Street

Description and value of any property transferred
Debtor also paid \$310 for the filing fee, which
is not included in the \$1,690 disclosed fees
already paid.

Date payment
or transfer was
made

12/27/2018 \$1,690.00

Carmel IN 46033-7730
City State ZIP Code

Email or website address

Initial fees paid by friend as a gift

Person Who Made the Payment, if Not You

Access Counseling Inc.

Person Who Was Paid

Description and value of any property transferred
Payment for online credit counseling course

Date payment
or transfer was
made

12/22/2017

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ***Environmental law*** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ***Site*** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ***Hazardous material*** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Corinna Lyn Fearnow

Corinna Lyn Fearnow, Debtor 1

Date 02/13/2018**X**

Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

In re **Corinna Lyn Fearnow**

Case No. _____

Chapter **13** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$4,000.00
Prior to the filing of this statement I have received.....	\$1,690.00
Balance Due.....	\$2,310.00

2. The source of the compensation paid to me was:

Debtor Other (specify)
gift from friend

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Adversary proceedings, post-confirmation modification or other post-confirmation matters

In addition to the attorney fees paid above, Debtor has paid \$310 for the filing fee cost

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/13/2018

Date

/s/ Amy D. Desai

Amy D. Desai
Law Office of Amy Desai
1950 E Greyhound Pass, Ste. 18-134
Carmel, IN 46033-7730
AmyDesai@AmyDesaiLaw.com

Bar No. 30112

/s/ Corinna Lyn Fearnow

Corinna Lyn Fearnow

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE: Corinna Lyn Fearnow

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 2/13/2018

Signature /s/ Corinna Lyn Fearnow
Corinna Lyn Fearnow

Date _____

Signature _____

5 Star Landscaping
2779 E. 100 S.
Kokomo, IN 46902

Corinna Lyn Fearnow
3405 Melody Lane West
Kokomo, IN 46902

Law Office of Amy Desai
1950 E Greyhound Pass, Ste. 18-
Carmel, IN 46033-7730

Advanced Medical Imaging, LLC
2008 West Boulevard
Kokomo, IN 46902

Credit Acceptance
25505 West 12 Mile Rd
Suite 3000
Southfield, MI 48034

Med-1 Solutions
Richard Hustan, attorney
517 US Highway 31 N
Greenwood, IN 46142-3932

Cap1/dbarn
Capital One Retail Srvs/Attn: B.PO Box 524
PO Box 30258
Salt Lake City, UT 84130

Derek F. Johnson
Lebanon, IN 46052

Peelle Law Office
105 N. Buckeye St.
P.O. Box 1106
Kokomo, IN 46903-1106

Capital One
Attn: General Correspondence/Ba:3900 Wisconsin Ave. NW
PO Box 30285
Salt Lake City, UT 84130

Federal National Mortgage Assoc
Washington, DC 20016

Personal Finance Co
PO Box 2731
Kokomo, IN 46904

Capital One / Carson
Attn: General Correspondence/Ba:2828 S Lafountain St
PO Box 30285
Salt Lake City, UT 84130

Financi Bfcu
Kokomo, IN 46904

Personal Finance/marin
8211 Town Center Dr
Baltimore, MD 21236

Catherines/WFNNB
WFNNB/Attn:Bankruptcy Dept
PO Box 182125
Columbus, OH 43218

Fingerhut
Bankruptcy Dept
6250 Ridgewood Rd
Saint Cloud, MN 56303

Rose K. Kleindl
Feiwell & Hannoy, P.C.
8415 Allison Pointe Blvd., Ste.
Indianapolis, IN 46250

Chase Mortgage
Attn: Case Research & Bankruptc:29624 Harper Ave
PO Box 24696
Columbus, OH 43224

Fme Federal Credit Uni
Saint Clair Shores, MI 48082

Seterus, Inc.
Attn: Bankruptcy
PO Box 1077
Hartford, CT 06143

Comenity Bank/Lane Bryant
Attn: Bankruptcy
PO Box 182125
Columbus, OH 43218

Indiana Surgery Center Howard
Medshield Inc.
2424 E. 55th St., Ste. 100
Indianapolis, IN 46220

Synchrony Bank/Home Shopping
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896

Comenity Bank/Victoria Secret
Attn: Bankruptcy
PO Box 182125
Columbus, OH 43218

Kohls/Capital One
Kohls Credit
PO Box 3043
Milwaukee, WI 53201

Synchrony Bank/QVC
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896

Synchrony Bank/Sams
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896

Synchrony Bank/TJX
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896

Synchrony Bank/Walmart
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896

Fill in this information to identify your case:			
Debtor 1	<u>Corinna</u> First Name	<u>Lyn</u> Middle Name	<u>Fearnow</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF INDIANA</u>			
Case number (if known)			

Check as directed in lines 17 and 21:	
According to the calculations required by this Statement:	
<input type="checkbox"/>	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
<input checked="" type="checkbox"/>	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
<input type="checkbox"/>	3. The commitment period is 3 years.
<input checked="" type="checkbox"/>	4. The commitment period is 5 years.

Official Form 122C-1**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<u>\$4,188.59</u>	_____
<u>\$0.00</u>	_____
<u>\$0.00</u>	_____

Debtor 1	Debtor 2
Gross receipts (before all deductions)	<u>\$0.00</u>
Ordinary and necessary operating expenses	- <u>\$0.00</u> - _____
Net monthly income from a business, profession, or farm	_____ Copy here → <u>\$0.00</u> _____

Debtor 1 Corinna Lyn Fearnow

Case number (if known) _____

**Column A
Debtor 1****Column B
Debtor 2 or
non-filing spouse****6. Net income from rental and other real property**

Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00
Ordinary and necessary operating expenses	- \$0.00 -
Net monthly income from rental or other real property	\$0.00

Copy here →**\$0.00****7. Interest, dividends, and royalties****\$0.00****8. Unemployment compensation****\$0.00**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you..... **\$0.00**

For your spouse.....

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.**\$0.00****10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$4,188.59

Multiply line 15a by 12 (the number of months in a year). X 12

15b. The result is your current monthly income for the year for this part of the form. **\$50,263.08**

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. Indiana

16b. Fill in the number of people in your household. 1

16c. Fill in the median family income for your state and size of household. **\$46,802.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. **\$4,188.59**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. - **\$0.00**

19b. Subtract line 19a from line 18. **\$4,188.59**

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b **\$4,188.59**

Multiply by 12 (the number of months in a year). X 12

20b. The result is your current monthly income for the year for this part of the form. **\$50,263.08**

20c. Copy the median family income for your state and size of household from line 16c. **\$46,802.00**

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Corinna Lyn Fearnow
Corinna Lyn Fearnow, Debtor 1

X _____
Signature of Debtor 2

Date 2/13/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1	Corinna First Name	Lyn Middle Name	Fearnow Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 122C-2**Chapter 13 Calculation of Your Disposable Income**

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

- 6. Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$639.00**
- 7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person	\$49.00
7b. Number of people who are under 65	X 1
7c. Subtotal. Multiply line 7a by line 7b.	\$49.00

Copy here →

\$49.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person	\$117.00
7e. Number of people who are 65 or older	X 1
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00
7g. Total. Add lines 7c and 7f.....	\$49.00

Copy here →

\$0.00

Copy here →

\$49.00

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities -- Insurance and operating expenses**
- **Housing and utilities -- Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. **\$434.00**

9. **Housing and utilities -- Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. **\$595.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment	
Seterus, Inc.	<u>\$589.17</u>	
+		
9b. Total average monthly payment	\$589.17	Copy here → Repeat this amount on line 33a.
9c. Net mortgage or rent expense.		
Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.	\$5.83	Copy here → <u>\$5.83</u>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. _____

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. **\$203.00**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1**Describe Vehicle 1:**

13a. Ownership or leasing costs using IRS Local Standard.

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
_____	_____
_____	_____
Total average monthly payment	+ <input type="text"/>
<input type="text"/>	Copy here → - <input type="text"/>
Repeat this amount on line 33b.	
Copy net Vehicle 1 expense here → <input type="text"/> \$0.00	

13c. Net Vehicle 1 ownership or lease expense.
Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. \$0.00

Vehicle 2**Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard.

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
_____	_____
_____	_____
Total average monthly payment	+ <input type="text"/>
<input type="text"/>	Copy here → - <input type="text"/>
Repeat this amount on line 33c.	
Copy net Vehicle 2 expense here → <input type="text"/> \$0.00	

13f. Net Vehicle 2 ownership or lease expense.
Subtract line 13e from 13d. If this number is less than \$0, enter \$0. \$0.00

- 14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. \$0.00
- 15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. \$0.00

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- | | |
|---|---|
| <p>16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes.</p> <p>17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.</p> <p>18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.</p> <p>19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.</p> <p>20. Education: The total monthly amount that you pay for education that is either required:
 <input checked="" type="checkbox"/> as a condition for your job, or
 <input checked="" type="checkbox"/> for your physically or mentally challenged dependent child if no public education is available for similar services.</p> <p>21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education.</p> <p>22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25.</p> <p>23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.</p> <p>24. Add all of the expenses allowed under the IRS expense allowances.</p> | <p>\$986.94</p> <p>\$50.60</p> <p>\$7.50</p> <p>\$0.00</p> <p>\$0.00</p> <p>\$0.00</p> <p>\$0.00</p> <p>\$0.00</p> <p>\$2,375.87</p> |
|---|---|

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

- | | |
|---|--|
| <p>25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.</p> <p>Health insurance \$84.20</p> <p>Disability insurance \$26.58</p> <p>Health savings account + \$0.00</p> <p>Total \$110.78</p> | <p>Copy total here → \$110.78</p> |
|---|--|

Do you actually spend this total amount?

No. How much do you actually spend? _____
 Yes

- | | |
|--|---|
| <p>26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).</p> <p>27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.</p> | <p>\$0.00</p> <p>\$0.00</p> |
|--|---|

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. _____

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. _____

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). + \$218.00

Do not include any amount more than 15% of your gross monthly income.

32. Add all of the additional expense deductions. \$328.78
Add lines 25 though 31.

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here.....→ \$589.17

Loans on your first two vehicles

33b. Copy line 13b here.....→ \$0.00

33c. Copy line 13e here.....→ \$0.00

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
_____	_____	<input type="checkbox"/> No _____
_____	_____	<input type="checkbox"/> Yes _____
_____	_____	<input type="checkbox"/> No _____
_____	_____	<input type="checkbox"/> Yes _____
_____	_____	<input type="checkbox"/> No _____ + <input type="checkbox"/> Yes _____

33e. Total average monthly payment. Add lines 33a through 33d.....→ \$589.17

Copy total here → \$589.17

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?** No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Seterus, Inc.	Residence: 3405 Melody Lr	\$6,200.00	÷ 60 = \$103.33
			÷ 60 = _____
			÷ 60 = + _____
		Total	\$103.33 Copy total here → \$103.33

35. Do you owe any priority claims--such as a priority tax, child support, or alimony--that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.Total amount of all past-due priority claims..... ÷ 60 = **\$0.00****36. Projected monthly Chapter 13 plan payment****\$120.81**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X **7.6 %**

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$9.18

Copy total here →

\$9.18**37. Add all of the deductions for debt payment.**

Add lines 33g through 36.

\$701.68**Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, All of the expenses allowed under IRS expense allowances..... **\$2,375.87**Copy line 32, All of the additional expense deductions..... **\$328.78**Copy line 37, All of the deductions for debt payment..... **+ \$701.68**

Total deductions

\$3,406.33

Copy total here →

\$3,406.33**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. **\$4,188.59**

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____**40. Fill in any reasonably necessary income you receive for support of dependent children.**

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. _____

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement

plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$596.09

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).

Copy line 38 here..... → \$3,406.33

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	_____
_____	_____
Total	\$0.00
	Copy here
	+ \$0.00
44. Total adjustments. Add lines 40 through 43.....	→ \$4,002.42
	Copy here
	→ - \$4,002.42
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	\$186.17

Part 3: Change in Income or Expenses**46. Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 122C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 122C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____

Debtor 1 Corinna Lyn Fearnow Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Corinna Lyn Fearnow
Corinna Lyn Fearnow, Debtor 1

X _____
Signature of Debtor 2

Date 2/13/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY